

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

A.W. Chesterton Company
 Its Registered Agent for Service of Process
 to
 A.W. Chesterton, Co. Middlesex Industrial
 Park, Stoneham, MA 02180

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes☐ No

If YES, enter delivery address below:

A. W. Chesterton Company
 P.O. Box 4004
 Woburn, MA 01888-4004

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7003 3110 0004 0800 2692

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540